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PTO/SB/22 (12-04)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 *(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)*	Docket Number (Optional) 02558P-002010US
Application Number 09/515,014	Filed February 29, 2000

For SYNTHETIC ANTIGEN FOR THE DETECTION OF ANTIBODIES IMMUNOREACTIVE WITH HIV VIRUS

Art Unit 1648	Examiner T. Brown

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):

	Fee	Small Entity Fee	
☐ One month (37 CFR 1.17(a)(1))	$120	$60	$
☐ Two months (37 CFR 1.17(a)(2))	$450	$225	$
☒ Three months (37 CFR 1.17(a)(3))	$1020	$510	$ 1020
☐ Four months (37 CFR 1.17(a)(4))	$1590	$795	$
☐ Five months (37 CFR 1.17(a)(5))	$2160	$1080	$

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number __20-1430__ . I have enclosed a duplicate copy of this sheet.

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

I am the

☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
   Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☒ attorney or agent of record. Registration Number __54,443__

☐ attorney or agent under 37 CFR 1.34.
   Registration number if acting under 37 CFR 1.34 _____

_____   November 28, 2005
Signature   Date

Nicholas V. Sherbina, Reg. No. 54,443
Typed or printed name   Telephone Number

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. see below.

☐ Total of _____ forms are submitted.

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/515014

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	25 minus 20=	5
INDEPENDENT CLAIMS	4 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ OR OTHER THAN SMALL ENTITY

	SMALL ENTITY RATE	FEE		OTHER THAN SMALL ENTITY RATE	FEE
BASIC FEE		345.00	OR		690.00
	X$ 9=		OR	X$18=	90.00
	X39=		OR	X78=	78.00
	+130=		OR	+260=	
	TOTAL		OR	TOTAL	858.00

CLAIMS AS AMENDED - PART II

SMALL ENTITY OR OTHER THAN SMALL ENTITY

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total	27	Minus 25	= 2	X$ 9=	~~10~~	OR	X$18=	100.00
Independent	5	Minus 4	= 1	X39=	~~200~~	OR	X78=	200.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	/
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	300.00

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total		Minus	=	X$ 9=		OR	X$18=	
Independent		Minus	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT	(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA	SMALL ENTITY RATE	ADDITIONAL FEE		OTHER THAN SMALL ENTITY RATE	ADDITIONAL FEE
Total		Minus	=	X$ 9=		OR	X$18=	
Independent		Minus	=	X39=		OR	X78=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+130=		OR	+260=	
				TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.